

Chapter 7: Special Populations

Population I: Children with Special Health Care Needs

Background – This following plan for action was initiated at the Sixth Annual South Carolina Oral Health Forum in Columbia on June 1, 2006. An ad hoc workgroup of the South Carolina Oral Health Coalition was convened in Forum breakout sessions to begin the action planning process with support from The Association of State and Territorial Dental Directors, Division of Oral Health of the South Carolina Department of Health and Environmental Control, and the South Carolina Dental Association. This workgroup included individuals with diverse experiences and perspectives who are considered major stakeholders in promoting oral health for children and adolescents with special health care needs in South Carolina. Over a period of many months of planning meetings, the workgroup completed the plan that was approved by the membership of the Coalition on December 8, 2006. This document now becomes an official workplan of the Coalition and its contents will be integrated into the State Oral Health Plan to ensure implementation and evaluation during the time period of January 1, 2007 – January 2011.

The oral health of children and adolescents with special health care needs may be affected negatively by their medications, special diets, or by their inability to clean their teeth thoroughly on a daily basis. Access to dental care has been nationally recognized as an unmet need for children and adolescents with special health care needs.

Who has special health care needs?

Any child or adolescent who has a chronic physical, developmental, behavioral or emotional condition and who requires more health services than generally expected for a child or adolescent.

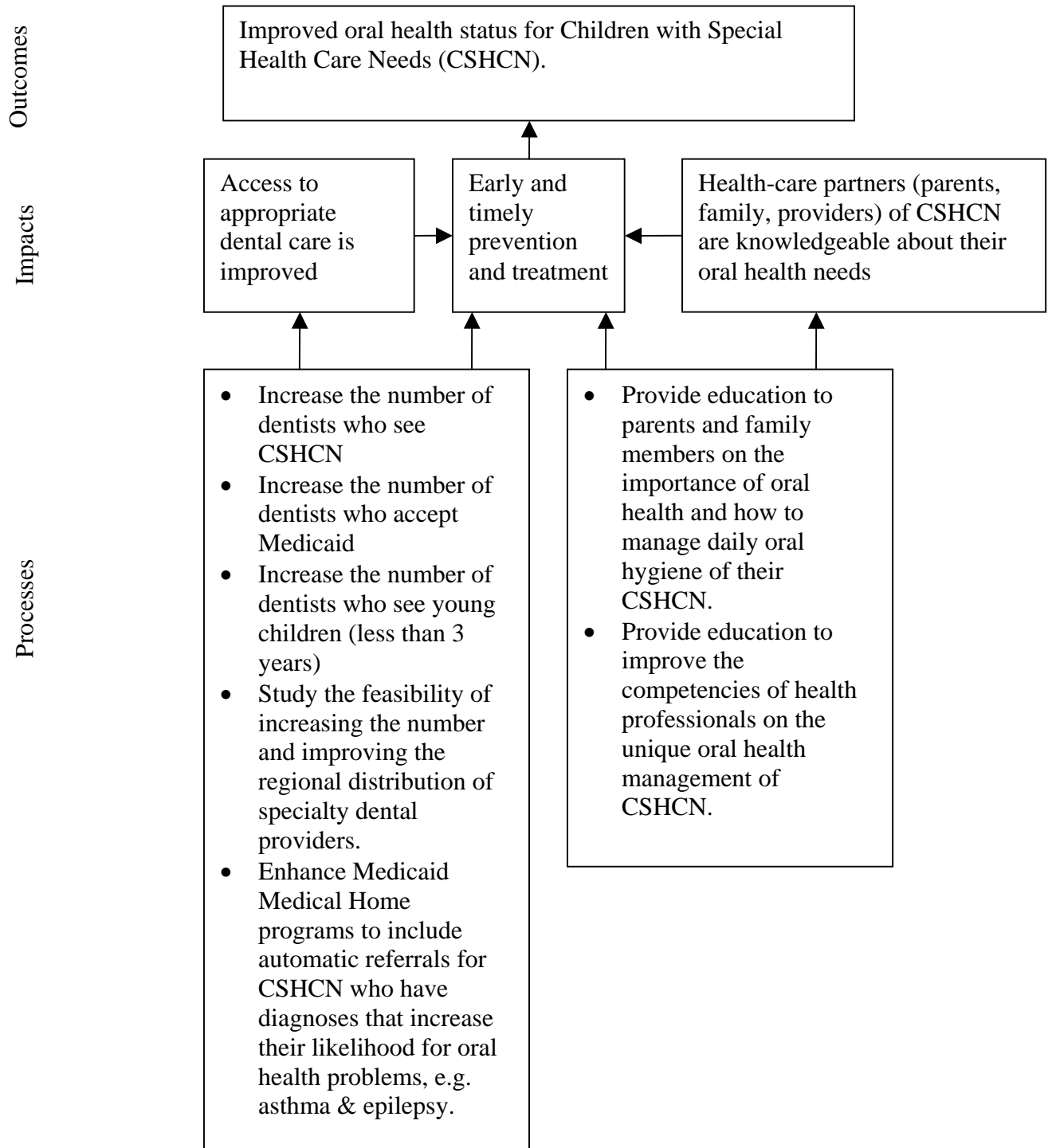
Why is oral health important to children and adolescents with special health care needs?

Good oral health is an integral component of health and well-being. Consequently, oral diseases can have a direct and devastating effect on the general health of a child or adolescent. In addition, oral diseases and related problems are more common among members of the special needs population who often require more extensive dental care.

What conditions are more likely to complicate oral health?

- Down's syndrome
- Cleft lip, cleft palate and other craniofacial defects
- Cerebral Palsy
- Learning and developmental disabilities
- Emotional disturbances
- Vision and hearing impairments
- Diabetes
- Autism
- Genetic and hereditary disorders with orafacial defects
- HIV infection

Logic Model:



Objectives:

Oral Health Status of CSHCN

7(I).1.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have untreated caries.

South Carolina Baseline Not applicable

Healthy People Reference – 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29%

2010 Target: 21%

MCHB Performance Measures

02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).1.2 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who have preventable teeth extractions.

South Carolina Baseline Not applicable

Healthy People Reference – 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth.

Baseline (1988-94): 29%

2010 Target: 21%

MCHB Performance Measures

02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.3 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

Oral Health Services of CSHCN

6(I).2.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of CSHCN who received any preventive dental services.

South Carolina Baseline Not applicable

Healthy People Reference – 21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategy 5.1 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).2.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will decrease by 20% the number of CSHCN who visit the emergency room for reasons related to oral health disease.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).2.3 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN who visit their primary care provider for reasons related to oral health disease.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 5, Strategies 5.1, 5.2, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Outcome

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).2.4 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who have a “dental home.”

South Carolina Baseline Not applicable

Healthy People Reference –21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 5, Strategies 5.1, 5.3, 5.4 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).2.5 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 50% the number of CSHCN on Medicaid who are compliant with ADA recommended preventive visits.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measures

02: The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 5, Strategies 5.1, 5.3, 5.4 (See Appendix G)

Measurement Type - Impact

Data Collection Method – Review data quarterly through the Oral Health Cube (secondary data from Medicaid and MOA partners)

7(I).2.6 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of dentists who see CSHCN of all ages, including less than 3 years.

South Carolina Baseline Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

MCHB Performance Measures

03: The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

05: Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Review Medicaid claims data quarterly

7(I).2.7 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase by 30% the number of dentists accept Medicaid as payment for treating CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

MCHB Performance Measure #04: The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Review Medicaid claims data quarterly

7(I).2.8 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop a feasibility study to measure greater net benefits for early and periodic preventive screenings for CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

21-12: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Baseline (1996): 20%

2010 Target: 57%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E), Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee

7(I).2.9 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will develop a plan for conducting a feasibility study for increasing the number of and improving the geographic distribution of specialty dentists who care for CSHCN

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee

7(I).2.10 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an advocacy plan for automatic referrals, within Medicaid Medical Homes, to dental providers for CSHCN who have diagnoses, or use medications, that increase their likelihood for oral disease, e.g. asthma.

South Carolina Baseline Not applicable

Healthy People Reference 16-22: Increase the proportion of children with special health care needs who have access to a medical home.

Target: (developmental)

16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee

7(I).2.11 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an advocacy plan for formalizing linkages to dental homes through the Medicaid Medical Home program for CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference 16-22: Increase the proportion of children with special health care needs who have access to a medical home.

Target: (developmental)

16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 3, Strategy 3.4 (See Appendix E); Priority 4, Strategies 4.1, 4.2 (See Appendix J); Priority 5, Strategies 5.1, 5.3, 5.4, 5.5 (See Appendix G)

Measurement Type - Process

Data Collection Method – Evidence of the plan; meeting minutes from planning committee

Oral Health Education of Families of CSHCN

7(I).3.1 By June 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the knowledge of 3000 parents and families on the value of oral health care for their CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D)

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention

7(I).3.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the skills of 3000 parents and families on assisting their CSHCN on daily oral hygiene.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D)

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention

7(I).3.3 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an educational curriculum for parents and families that will improve their knowledge and skills with regards to managing their CSHCN oral health needs.

South Carolina Baseline Not applicable

Healthy People Reference – 21-10: Increase the proportion of children and adults who use the oral health care system each year.

Baseline (1996): 44%

2010 Target: 56%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1, 2.2 (See Appendix D)

Measurement Type - Process

Data Collection Method – Evidence of the curriculum; meeting minutes from planning committee

Oral Health Education of Dentists of CSHCN

6(I).4.1 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will increase the knowledge of 250 dental providers on the value of oral health care for CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E)

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention

7(I).4.2 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will improve the clinical competencies of 250 general dentists on treating CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E)

Measurement Type - Impact

Data Collection Method – Pre/post assessments as appropriate for the intervention

7(I).4.3 By June, 2011, primary care providers, parents, DHEC staff, and other state agencies will develop an educational curriculum for general dentists that will improve their knowledge and skills for caring for CSHCN.

South Carolina Baseline Not applicable

Healthy People Reference – 16-23: Increase the proportion of Territories and States that have service systems for children with special health care needs.

Baseline (1997): 15.7%

2010 Target: 100%

Original State Oral Health Plan Reference – Priority 2, Strategies 2.1 (See Appendix D); Priority 3, Strategy 3.4 (See Appendix E)

Measurement Type - Process

Data Collection Method – Evidence of the curriculum; meeting minutes from planning committee

Comments – The objectives were adopted by the Advisory Council and the CSHCN workgroup of the Coalition at the December 2006 Quarterly Advisory Summit. The CSHCN workgroup will continue to work together to establish the thresholds and timelines for each objective.